

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/594435

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	/		/			
6	/		/			
7	6					
8	6					
9	8					
10	6		/			
11	6					
12	6		/			
13	6		/			
14	4		/			
15	4		/			
16	2		/			
17	0		/			
18	0		/			
19	0		/			
20	0		/			
21	4		/			
22	4					
23	4		/			
24	4		/			
25	2		/			
26	0		/			
27	0		/			
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49						
50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	82	←	22	←		←
TOTAL CLAIMS	84		24			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.				↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						